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34TH FLOOR
500 WEST MADISON STREET
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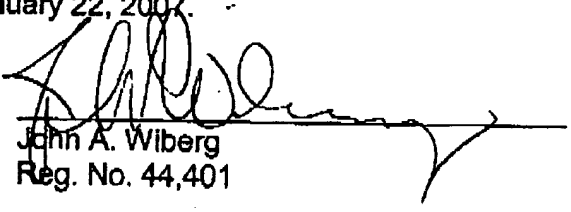
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DATE:	January 22, 2007	
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MATTER:	14410US02	

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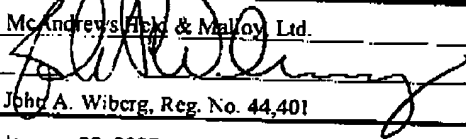
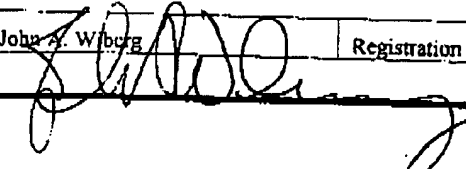

John A. Wiberg
Reg. No. 44,401

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TRANSMITTAL FORM		RECEIVED CENTRAL FAX CENTER JAN 22 2007	
<p>(to be used for all correspondence after initial filing)</p> <p>Total Number of Pages in This Submission <u>8</u></p>		Application Number	10/622,241
		Filing Date	July 18, 2003
		First Named Inventor	Steven Koenck
		Art Unit	2618
		Examiner Name	Minh D Dao
		Attorney Docket Number	14410US02
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks		2 terminal disclaimers	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews, Held, & Malloy, Ltd.		
Signature			
Printed Name	John A. Wiberg, Reg. No. 44,401		
Date	January 22, 2007		
CERTIFICATE OF FAX TRANSMITTAL			
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Name (Print/type)	John A. Wiberg	Registration No. (Attorney/Agent)	44,401
Signature		Date	January 22, 2007

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Effective on 12/08/2004
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
for FY 2006

Complete if Known

Application Number	10/622,241
Filing Date	July 18, 2003
First Named Inventor	Steven Koenck
Examiner Name	Minh D Dao
Art Unit	2618
Attorney Docket No.	14410US02

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CENTRAL FAX CENTER**JAN 22 2007**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 380

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 13-0017Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity	Fee(\$)	Fee(\$)
	50	25

Each independent claim over 3 (including Reissues)

200	100
360	180

Multiple dependent claims

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
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-20 or HP

x

=

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
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-3 or HP

x

=

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee	Fee Paid (\$)
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid(\$)

Other (e.g., late filing surcharge): Petition for one month extension of time (120), two terminal disclaimers (2x130)

380

SUBMITTED BY

Signature

Name (print/type)

John A. Wiberg

Registration No.
(Attorney/Agent)

44,401

Telephone

(312)775-8000

Date

January 22, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria VA 22313-1450. DO NOT SEND FEES TO THIS OFFICE.